

CLAIMANT'S NAME			SSN OR EMPLOYEE NUMBER*		DEPARTMENT	
POSITION		CBID	DIVISION OR BUREAU			INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

[illegible]

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

[illegible]

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE ▶	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▶	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES <i>(See Item 17 on reverse)</i> ▶			DATE